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		STATEMENT UNDER	37 CFR 3.73(b)	
Applicant/l	Patent Owner: Metavante Corp	ooration		
Application	n No./Patent No.: 7,386,516		Filed/Issue Date: June 10, 2008	
Titled:		R PROVIDING SECURE S	SERVICES OVER PUBLIC AND PRIVATE NETWO	RKS
Metavante	e Corporation	, a corporation	on	
(Name of Ass		(Type of As	Assignee, e.g., corporation, partnership, university, government agency, e	tc.
states that	t it is:			
1. 🗙	the assignee of the entire right,	title, and interest in;		
2.	an assignee of less than the en (The extent (by percentage) of	tire right, title, and interest in its ownership interest is) %); or	
3.	the assignee of an undivided in	terest in the entirety of (a cor	mplete assignment from one of the joint inventors was m	ade)
	t application/patent identified abo			
A. 🔀	An assignment from the invent	or(s) of the patent application	n/patent identified above. The assignment was recorded 8284, Frame 0080, or for whice	in :h a
OR				
В. 🗌			n/patent identified above, to the current assignee as follo	
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or	concurrently is being, submitted	for recordation pursuant to 3	se of the chain of title from the original owner to the assig	
[N	IOTE: A separate copy (<i>i.e.</i> , a truccordance with 37 CFR Part 3 _y to	ue copy of the original assigr record the assignment in the	nment document(s)) must be submitted to Assignment)ivision i
The unde	ersigned (whose title is supplied t	pelow) is authorized to act on	n behalf of the assignee.	
	Signature		Dayte / Reg. No. 36,743	
	A. Berkowitz		Title	
Į F	Printed or Typed Name		fill the subject to file (and by the HSPT	-O 40

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SE/60 (11-08)
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	√ Prac	titioners assoc	ciated with the Customer Number:		96,592		
Assignee Name and Address: Metavante Corporation 601 Riverside Avenue Jacksonville, FL 32204 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is the application which this form is sued. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee. Signature MUMUL MAMUL MAMUL Date MAM 20, 201 Telephone Please change Pame and Address: Name Date MAM 20, 201 Telephone Date MAM 20, 201	OR						
as atomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with eny and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: OR Infirm or Individual Name Address City State Zip Country Telephone Email Assignee Name and Address: Metavante Corporation 601 Riverside Avenue Jacksonville, FL 32204 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be competed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. Signature Date MANAU Date	Prac	titioner(s) nan	ned below (if more than ten patent	practitioners are to b	e named, then a cus	tomer number must b	e used):
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b) the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: Please change the correspondence address for the application in the Customer Number: State		Name					
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Firm or Individual Name Address City Country Telephone Email Assignee Name and Address: Metavante Corporation 601 Riverside Avenue Jacksonville, FL 32204 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date Date Date Date Date DA-357-1791	Please cha	n ge the corre s	spondence address for the applicate	tion identified in the a	attached statement u	nder 37 CFR 3.73(b)	to:
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Name Debbie Segers Telephone 904-357-1791		The in	dividual whose signature and title	is supplied below is	authorized to act or	() - 1	
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